PTO/SB/06 (08-03)

Approved for use through 7/31/2006 (08-03)

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	PATENT	APPLIC	ATION FEE	DETERMIN	espond IATIO	lo a cotlecti	ion of inf	ormation o	Office, U	S DEPARTM	ENT OF COM	MERC	
Substitute for Form PTO-875									19	Application or Dockel Number 9-753897			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			, 0	THER THAN	<u>حـــ</u> ۱	
FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA					ר ˜	, <u> </u>	MALL ENTIT	Y	
(37 CFR 1.16(e)) TOTAL CLAIMS						RATE FEE		-	RATE	E FE	E		
(37 CFR 1.16	(d)	minus 20 =				<b> </b>	-+	<u></u>	- OR	ļ			
137 CFR 1.16(	DII CLAIMS	manys ] a		•		× 3			OR	× 5	<u></u>		
MULTIPLE DEPENDENT CLAIM PRESENT (3) CFR 1 16(d))						X 1	=		OR	A 5	.=		
• If the difference in column 1 is less than zero, enter 10° in column 2						<u></u>	<u> </u> -		OR	<u> </u>			
CLAIMS AS AMENDED - PART II						TOTA	L		OR	TOTAL			
2.3.			DED - PART	11								$\neg$	
3-31-0	CLAIM		(Cotum		3)	SMA	LL ENT	ITV	0R	ОТН	ER THAN	- 1	
5/10	REMAIN	ING	NUMBE	R PRESEN	7	RATE	$\top$			SMAL	LL ENTITY	_	
Total	AMENDM	ENT Mir	PREVIOU PAID FO		_11		1 7	ODI: ONAL FEE		RATE	ADDI- TIONAL		
Total (37 CFR 1.16) WWW Sitters was a state of the state		Ation			$\prod$	x s 25 :	_			x 150 =	FEE	$\dashv$	
(37 CFR 1.160				,	ר ר	x s/00 :	<del></del>	$\neg$	OR	x,200=	<del></del>	$\dashv$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 18(4))							1	$\neg$	OR		<del> </del>	$\dashv$	
101					1	OTAL DO'L FEE	1	$\dashv$	OR [	+5360=	<del> </del>	4	
FNV6	(Cotumn 1)		(Calumn	2) (Column 3)		001166	L		OR	ADD'L FEE	L	4	
	CLAIMS REMAINING AFTER	;	HIGHEST NUMBER	PRECENT	7	RATE	T		Г			4	
Z II Yotal	AMENDMEN		PREVIOUSL PAID FOR	Y EXTRA	Ш	MIE	TIOI	VAL		RATE	ADDI- TIONAL	1	
3   W W K 1.18(c))	1.51	Minus	39	-		: 35 =	FE		  -		FEE	4	
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THIS I PRESENTATION OF MULTIPLE DEPENDENT CLAIM (127 CER ) 16(41)										:200=		-	
TOTAL AOO'L FEE								$\neg$	Ti	340=		4	
	(Column 1)	·	(Column 2)	(Column 3)				°	OR A	DOLFEE		1	
	CLAIMS REMAINING AFTER		HIGHEST NUMBER	PRESENT		ATE		7	_			l	
Total profit (1.16(c)) Independent (1) OPR (1.16(p))	AMENDMENT	Minus	PREVIOUSLY PAID FOR	EXTRA	L	W.1E	ADDI TIONA FEE			RATE	ADDI- TIONAL		
Independent (37 CFR 1.18(b))		Minus		=	X S	25 =		OF	, I,	50:	FEE		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR		200			
NESENIA	CON OF MULTIPLE	DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	1.1	80-		OR	<u> </u>	360			
If the entry in cot	umn 1 is less tho	the ear			ADDI			OR	101	AL			
If the 'Highest No	mber Previously	Paid For B	n column'z, write N THIS SPACE I	o "0" in column 3. Itess than 20. enter	er "20".	_			ADD	T FEE			
The Highest Nun	ber Previously Pa	eid For (To	ial or independen	less than 3, enter	-3"						- 1		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO 1/OT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2